



IO24893
-001

United States
Department of
Agriculture

Animal and
Plant Health
Inspection
Service

Policy and Program
Development

Environmental and
Risk Analysis
Services, Unit 149
4700 River Road
Riverdale, MD
20737

ENQL 7-1 CY13
PERMANENT
Retire 01/18

February 1, 2013

Document Processing Desk [6(a)(2)]
Office of Pesticide Programs (7504P)
Ariel Rios Building
U.S. Environmental Protection Agency
1200 Pennsylvania Avenue, N.W.
Washington, DC 20460-0001

ATTN: Mr. Norman Spurling (7502P)

SUBJECT: **FIFRA, Section 6(a)(2) quarterly report: aggregate adverse effect incidents dated September, October, and November 2012 for the reporting period ending January 31, 2013**

During this reporting period, the following APHIS-registered pesticide product was involved in an adverse incident:

EPA Reg. No. 56228-15
Active Ingredient:
Sodium Cyanide

M-44 Cyanide Capsules
CAS No. 143-33-9

Incident Category
D-A

No. of Incidents
1

Details of the incident (involving the death of a domestic animal) can be found in the enclosure.

Please direct any questions pertaining to this adverse incident report to Ann Nasr at (301) 851-3099 or e-mail ann.m.nasr@aphis.usda.gov.

Sincerely,

David S. Reinhold
Chief, Environmental and Risk Analysis Services

Enclosure



Safeguarding American Agriculture
APHIS is an agency of USDA's Marketing and Regulatory Programs
An Equal Opportunity Provider and Employer



Enclosure

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

| | | | | |
|---|--|---|--|------------------------------|
| INCIDENT CODE D-A | INCIDENT STATUS | | DATE WS BECAME AWARE OF THE INCIDENT 11-7-12 | ES USE ONLY REPORT NUMBER |
| | Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Update | Date of last submission | | |
| EMPLOYEE NAME (To contact for additional information) Ron Jones | | TELEPHONE NUMBER 575-799-8679 | CONTACT NAME (If Non-APHIS) | TELEPHONE NUMBER |
| DUTY STATION ADDRESS 3574 QR 60 | | | ADDRESS | |
| INCIDENT LOCATION | | | SOURCE OF INFORMATION | |
| CITY Tocomari | STATE NM | COUNTY QUAY | <input checked="" type="checkbox"/> Self <input type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input type="checkbox"/> Oral Report <input type="checkbox"/> Other | |
| EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.) | | | | |

INCIDENT SITE [examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway)]

Rangeland / Pasture

SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: [examples include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation]

| | | |
|---|---|---|
| EPA REGISTRATION NUMBER 56228-15 | PRODUCT NAME M-44 Capsule | ACTIVE INGREDIENT 91.6 Sodium Cyanide |
| WAS THE PRODUCT <input type="checkbox"/> Concentrated <input type="checkbox"/> Diluted | WHAT WAS THE DILUTION RATIO (if applicable) | WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | | WAS THE APPLICATOR CERTIFIED (if applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain)

☐ Yes ☒ No

SUMMARY OF THE INCIDENT (Attach supplemental form if needed)

HAD PLACED m.44 units on Cooperator 10/27/12 Coyote Predation on Poultry. When Egipt was checked on 11/9/12 Found Domestic Dog HAD Trolled m.44. NO COLLARS WERE ATTACHED. NO ONE KNEW WHO THE DOG OWNER WAS

| | | | |
|--|-------------------------------|---|-------------------------|
| NAME OF PREPARER Ron Jones | SIGNATURE Ron Jones | TELEPHONE NUMBER 575-799-8679 | DATE 11-28-12 |
| NAME OF SUPERVISOR Jon Grant | SIGNATURE Jon Grant | TELEPHONE NUMBER 505-346-2610 | DATE 11-28-12 |

WS FORM 160-R (June 99)

(Local Reproduction Authorized)

DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM

ES USE ONLY

REPORT NUMBER

"X" ONE

☐ Amphibian ☐ Fish ☐ Bird ☒ Mammal ☐ Invertebrate ☐ Reptile ☐ Plant

"X" ONE

☒ Domestic ☐ Wild

NUMBER OR ACRES AFFECTED

SPECIES COMMON NAME

~~XXXXXX~~ Dog

BREED (if known)

DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies):

NO

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include brief description of baiting if applicable)

WAS PREBAITING USED ON THE SITE (Describe)

☐ Yes ☒ No

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED

M-44's were set in accordance with the label and all use restrictions. The dog is presumed to be a pet and not feral, but was not wearing a collar. The ranch owner was questioned and did not know who the dog belonged to.

ADDITIONAL FACTORS

m. 44 set at Request of Landowner to control Coyote Predation of Poultry. Dog was taken on Private Land.

NAME OF PREPARER

SIGNATURE

DATE

NAME OF SUPERVISOR

SIGNATURE

DATE